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13146 U.S. PTO

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| UTILITY<br>PATENT APPLICATION<br>TRANSMITTAL   |  | Attorney Docket No. 1391-14008 BMG   |          |
|--|--|--|----------|
|  |  | First Inventor Joakim O. Blanch  |          |
|  |  | Title Processing For Sonic Waveforms   |          |
| (Only for new nonprovisional applications under 37 CFR 1.53(b))  |  | Express Mail Label No. EV 303423925 US   |          |
| APPLICATION ELEMENTS<br>See MPEP chapter 600 concerning utility patent application contents.   |  | Mail Stop Patent Application<br>Commissioner for Patents<br>P. O. Box 1450<br>Arlington VA 22313-1450  |          |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br>(Submit an original and a duplicate for fee processing)   |  | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)  |          |
| 2. <input type="checkbox"/> Applicant claims small entity status.<br>See 37 CFR 1.27.  |  | 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)<br>a. <input type="checkbox"/> Computer Readable Form (CRF)<br>b. Specification Sequence Listing on:<br>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or<br>ii. <input type="checkbox"/> paper<br>c. <input type="checkbox"/> Statements verifying identity of above copies  |          |
| 3. <input checked="" type="checkbox"/> Specification [Total Pages 18]<br>(preferred arrangement set forth below)<br>- Descriptive title of the invention<br>- Cross Reference to Related Applications<br>- Statement Regarding Fed sponsored R & D<br>- Reference to sequence listing, a table, or a computer program listing appendix<br>- Background of the Invention<br>- Brief Summary of the Invention<br>- Brief Description of the Drawings (if filed)<br>- Detailed Description<br>- Claim(s)<br>- Abstract of the Disclosure  |  | ACCOMPANYING APPLICATION PARTS<br>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))<br>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)<br>11. <input type="checkbox"/> English Translation Document (if applicable)<br>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations<br>13. <input type="checkbox"/> Preliminary Amendment<br>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)<br>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)<br>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.<br>17. <input type="checkbox"/> Other: |          |
| 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 21]  |  |  |          |
| 5. Oath and Declaration [Total Pages 3]<br>a. <input type="checkbox"/> Newly executed (original or copy)<br>b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)<br>i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u><br>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).   |  |  |          |
| 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76   |  |  |          |
| 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:<br><input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-Part (CIP)<br>Prior application information: Examiner D. McElheny, Jr. of prior application No.: 10/243,471<br>Group/Art Unit: 2857<br>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. |  |  |          |
| 19. CORRESPONDENCE ADDRESS   |  |  |          |
| <input checked="" type="checkbox"/> Customer Number of Bar Code Label 23505 or <input type="checkbox"/> Correspondence address below   |  |  |          |
| Name   |  |  |          |
| Address  |  |  |          |
| City   |  | State  | Zip Code |
| Country  |  | Telephone  | Fax      |
| Name (Print/Type) ROBERT M. GRAY   |  | Registration No. (Attorney/Agent) 41,798   |          |
| Signature  |  | Date January 12, 2004  |          |

The collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA. 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

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# FEE TRANSMITTAL

## For FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

\$ 770.00

## Complete if Known

Application Number

Filing Date

First Named Inventor

Joakim O. Blanch

Examiner Name

Art Unit

Attorney Docket No.

1391-14008 BMG

## METHOD OF PAYMENT (Check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number: 03-2769

Deposit Account Name: Conley Rose, P.C.

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below

☒ Charge any additional fee(s) during the pendency of this application

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

☒ Credit any overpayments

## FEE CALCULATION

## 1. BASIC FILING FEE

| Large Entity Fee | Small Entity Fee | Code (\$) | Fee Description        | Fee Paid |
|------------------|------------------|-----------|------------------------|----------|
| 1001 770         | 2001 385         |           | Utility filing fee     | \$770.00 |
| 1002 340         | 2002 170         |           | Design filing fee      | \$       |
| 1003 530         | 2003 265         |           | Plant filing fee       | \$       |
| 1004 770         | 2004 385         |           | Reissue filing fee     | \$       |
| 1005 160         | 2005 80          |           | Provisional filing fee | \$       |

SUBTOTAL (1) \$770.00

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

| Total Claims       | Extra Claims | Fee from below | Fee Paid  |
|--------------------|--------------|----------------|-----------|
| 4                  | 20** = 0     | 18.00          | = \$00.00 |
| Independent 1      | 3** = 0      | 86.00          | = \$00.00 |
| Multiple Dependent |              | 290.00         | = \$00.00 |

| Large Entity Fee | Small Entity Fee | Code (\$) | Fee Description  |
|------------------|------------------|-----------|--|
| 1202 18          | 2202 9           |           | Claims in excess of 20                                     |
| 1201 86          | 2201 43          |           | Independent Claims in excess of 3                          |
| 1203 290         | 2203 145         |           | Multiple dependent claim, if not paid                      |
| 1204 86          | 2204 43          |           | ** Reissue independent claims over original patent         |
| 1205 18          | 2205 9           |           | ** Reissue claims in excess of 20 and over original patent |

SUBTOTAL (2) \$00.00

\*\* or number previously paid, if greater; For Reissues, see above

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)

ROBERT M. GRAY

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(Attorney/Agent)

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Signature

Date

January 12, 2004

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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